TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reflowed carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after

02796

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH W. mmc

7-	03000			0440				
1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institutions	Residence before admission)				
	Garrett	MARYLAND	a. STATE Maryland b. COUNTY (Sarrett				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)					
_	Rural - Oakland	Lifetime	Oakland - Rural	11-1				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
1	Star Route		Star Route	YES NO NO				
	NAME OF First DECEASED (Type or print) JOHN	ALVIN	CASTEEL 4. DATE Month OF DEATH March 15,	1966 19				
	Male White WIDOW	TO SEE INC. IN WAKKIED	July 18, 1890 9. AGE (In years lest birthday) 75 yrs. Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.				
1	form dending man of the first of the state o	CIND OF BUSINESS OR INDUSTR	9 11. Birthplace (County & State, or foreign country) 12. Cl Garrett Co., Maryland	TIZEN OF WHAT COUNTRY? USA				
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	John William Cast	eel	Rebecca Louise DeWitt					
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT Address (Dat	ighter)				
	No	Mr	s. Darvin Reckart, Oakland	d. Md.				
-	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).)	20100	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: ADA	MS-STOKER	JYNDROM	ONSET AND DEATH				
	4330 DUE TO	102	0.00116					
	Conditions, if any, which \ (b)							
	gave rise to immediate cause							
	(e), stating the underlying							
12	10	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	VZQOTILA ZAW OF II-II TO				
C	MUSERIOSCH		THE TENNISHE PERSON SERVICE OF THE TENNISHE PERSON SERVICES IN THE PERSON SERVICES S	PERFORMED?				
MOITA CISTAGO	200. ACCIDENT WAS UNDERLYING 20b. DE		D. (Enter nature of injury in Part I or Part II of item IB.)	YES NO				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. While Hour a.m. While P.m. 19	eNot While factor	CE OF INJURY (Home, farm, 20f. (City or town) (Coory, street, office bldg., etc.)	unty) (State)				
	21. I certify that (I) (this hospital) after saw the deceased alive on 3.57.66	ded the deceased from.	2 17 62/, 19, to 3 5 6 5, 19 death occurred a3:3.94, RomMine causes and on t	he date stated above.				
,	226. SIGNATURE ATTENDING MED. STAFF 3-16-66 SIGN M.D. PHYS. DIRECTOR PHYS. 3-16-66							
	22c. PHYSICIAN'S NAME (Type) E.I. Baumga	rtner. M.D.	Oakland, Maryland					
2	30. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3/18/66	Garr. Co. Mem	OR CREMATORY 23d. LOCATION (City, fown or coun					
2	FUNERAL DIRECTOR SASISMAJURE	ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S					
3	Leighton-Durst Funeral	Home, Oakla	1110 0 4 4000 MM. A	ň.				
-			9	11 0				

VR A15 (4) 20M 5-63

3 . 32 199.5 AND A STATE OF THE THE THEORY THE TOTAL STREET STATE OF MINES -1 -1 Control of the Contro bed begind a part of the manager to produce the contract of th The street water there, carefully in the 21 Big Tenant of the TO HOSPITAL OR FIENDING PHYSICIAN: The tag is required by the attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

The page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

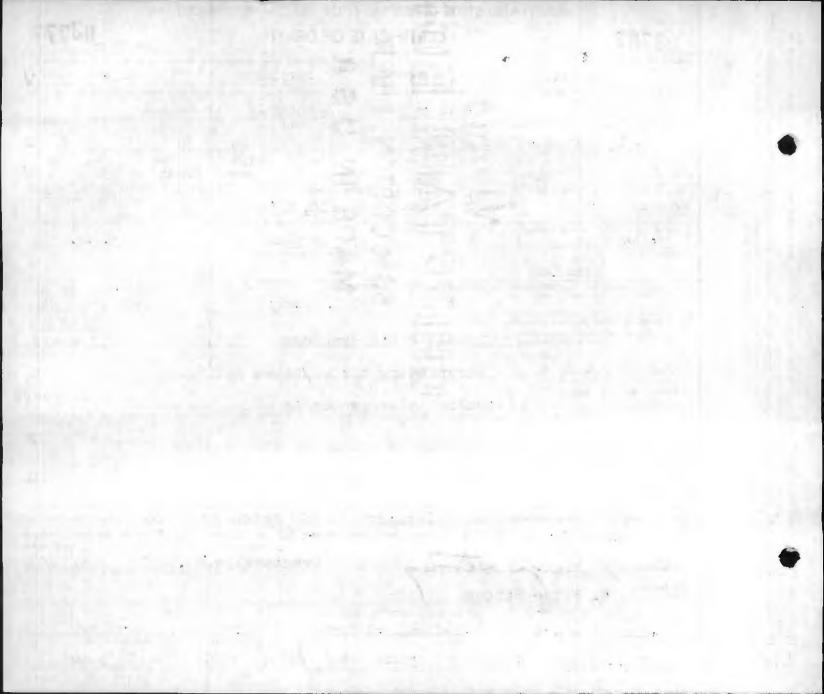
after death. Page 4

03787

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 2 Film G375 CERTIFICATE OF DEATH

Reg. Dist. No. 03777

	-											
1. PLACE OF DEATH o. COUNTY	Garrett		MARYLA	0.5	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Farre (A Allege)							
b. CITY OR TOWN RURAL and give n Grantsvi		, write	c. LENGTH OF STAY IN	(1b c. C	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	TAL (If not in hospital, gi	ve street oo Nursi	idress)		STREET ADDRESS	5			ON	ESIDENCE A FARM?		
3. NAME OF DECEASED (Type or print)	Fin Mary		Middle Maud		losi ney	4. DATE OF DEATH	Mor March		Day 30	Year 19 66		
5. SEX Female	T 101 P 1	7. MARRIE	DIVORCED	_	of BIRTH	872	9. AGE (in years last birthday) 93 yrs.	-	YEAR IF UN Days Hour	-		
Houseke	ON (Give kind of work drking life, even if retired)	one 10b. K	IND OF BUSINESS OR		Maryla	and	country)		J.S.A.	COUNTRY?		
13. FATHER'S NAME	John Long			14. M	OTHER'S MAIDE		issa Mart	in				
15. WAS DECEASED EV (Yes, no. or unknown) NO	ER IN U. S. ARMED FORG (If yes, give wor or dates of se	vice)	None	Earl	D. Chane	эу	Add	res832 V Cumbe	lindso:	r Rd , Md		
Conditions, if gove rise to couse (o), stoling lying couse lost. PART II. OT	the under-	Ger	ronic brairculator	ry dis	turyba lereis	nce) SE CONDITION GIV	/EN IN PART	10 1(o) 19. WA PERI	ORMED?		
OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH OF MEDICAL EXAMINER)	206. DESCR	RIBE HOW INJURY OCC	CURRED. (Enter	noture of injury	in Port I or Po	rt II of item 18.)		155	NO 🖵		
20c, TIME OF INJU Hour o. m. p. m.	RY Manth, Doy, Yea	20d. INJ While at work	Not while		INJURY (Home, f eet, office bldg.,		y or town)	(Co	ounty)	(State)		
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	7. Paige	tron	66, and that d		red de:50	M, from	the causes an	d on the	date state			
220. BURIAL, CREMATIC REMOVAL (Specify Burial	22b. DATE THEREO		Zion Memo		atory		orland	Mar	yland	tote)		
23. FUNERAL DIRECTOR Ruth E		lumber	ADDRESS Pland Maryl	and 215	0.00	R 4 19		strar's sig	Judge			

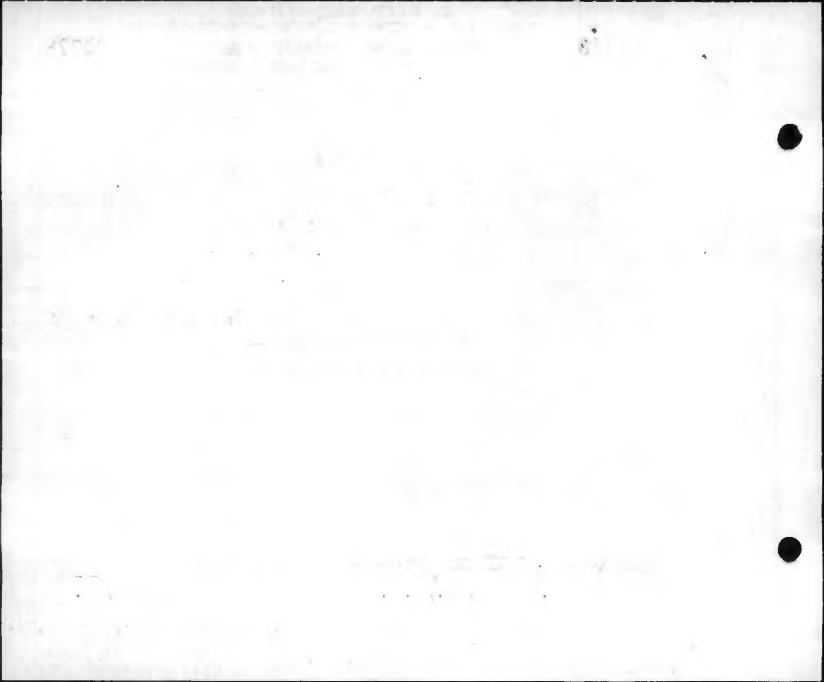


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	MARI	THIND STATE	DELHI	THEFT C	T HEAL	-141		
Division of STATISTICAL	RESEARCH .	AND RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
A A								. 6

FOR ST	TALE		03788	MEDI	CAL EXAMINER	'S CERTIFICATE O	OF DEATH		0	3778)
is to	DEPT.		PLACE OF DEATH COUNTY Garrett		MARYLAND	o. STATE Md.		ived, if institut b. COUI	1 999 4	e before odmiss	ion)
2, and PM3.	partm after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Friendsville (Ru d. NAME OF HOSPITAL OR INSTITUTION (If not	ral)	c. LENGTH OF STAY IN 1b Life ive street address)	CCITY OR TOWN (If o		mits, write RUI (Rura		// _ / e. IS RES	IDENCE
ofter death. If of Sive Poges 1, along with farm	50		NAME OF First		Middle	Last	4. DATE OF	Mont			NO.4
		S	(Type or print) Jeffrey	Alle 7. MARRIED [WIDOWED [n Fearer NEVER MARRIED X DIVORCED	8. DATE OF BIRTH	9. AG	March E (In yeors st birthday) yrs.	IF UNDER 1		66 ER 24 HRS. Min.
n 24 hours I in Item 18 er's Office	poges (mar)	dur	USUAL OCCUPATION (Give kind af wark done ng mast of warking life, even if retired) FATHER'S NAME		OUSTRY	11. BIRTHPLACE (State Oakland 14. MOTHER'S MAIDEN	e or fareign countr L, Md.	у)	12. CITI COU	ZEN OF WHAT NTRY 3SA	
executed within 24 inding" in pencil in Medical Examiner's	File	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, ar unknown) (If yes give war ar dates af	service)		Madeline Madeline Madeline Madeline Madeline Madeline	e Rosen	Addre	955	, Md.	
ward "pe the Chief	o burial-transit permit. cremation, or remaval,		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c 5 7 0 DUE To Conditions, if ony, which gave))		omach Content and dehydrati				INTERVAL BE MINUTES Days	
s certificate states, writing the forwarded to	used os o bu burial, cremo	Z	rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO.)	D DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	INDITION GIVEN IN	PART I(o)		19. WAS AUT	TOPSY
This of ficote,	ould be prior to	MEDICAL CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Part II a	of item 18.)		YES	NO _
Z 9 42 #	age 3 sh	MEDICAL	20c TIME OF INJURY Manth, Doy, Year Hour a.m. 19	While at wark	Not While at wark	PLACE OF INJURY (Home, for factory, street, affice bldg., etc.		ty ar tawn)	(Coun	ity)	(Stote)
MEDICAL please exec director. P	O FUNERAL DIRECTOR: Page 3 sh Health or its designoted agent,		21. I pertify that I took charge death resulted fram: Natural	of the rem		Suicide , Homicide CHIEF MEDICAL	e 🔲 , Undet	ermined m		and in my	
necessory, p	UNERAL alth or	22	examiner's James H. Feas			DEPUTY MEDIC Address (Stree	AL EXAMINER	ounty) Oak	land,		
5 5 ± 4	0		BURIAL (REMATION, REMOVAL (Specify) BIRCIA DIRECTOR BURIAL (Specify) 3/11/6	60F	Blooming ADDRESS	Rose Cem.	Frien D By REGISTRAR	2Sb. RE	le, Ga	errett	
VR A	15ME (5)	1	You Mewman	,	Grantsvill	BEG 1		6 90	Carle	Judge	

Grantsville, Md.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove farbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
()3779

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence	e before admission)					
a. COUNTY Garrett MARYLAND	3	rett					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)							
Cakland 19 days	Oakland //	11-1					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE					
Garrett Co. Memorail Hospital	323 N. 4th Street,	ON A FARM? YES ND 2					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day						
(Type or print) Letha Virginia S. SEX G. COLOR OR RACE 7 MARRIED NEVER MARRIED 1	Feather DEATH March 25th. B. DATE OF BIRTH 19. AGE (In years IFUNDER YEAR	19 66					
7. MARKIEU NEVER MARKIEU	B. DATE OF BIRTH 5-10-1381X 1883 9. AGE (In years IFUNDER 1 YEAR 82 yrs. Months Days	Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN	OF WHAT					
during most of working life, even if retired) HOUSEWITE Who home	Grant Co. W. Va. USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-					
Charles Stewart	Mary ?						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address (SOD						
No (15 yes give war or dates of service) 236-14-5170D Me	erritt Feather. Oakland. Md.	,					
7777							
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONS	ERVAL BETWEEN SET AND DEATH					
PART I. DEATH WAS CAUSED BY: Cereberal vascular	accident <u>l</u>	weeks					
531X DUE TO Antonional amonia	7 - 3	97					
Conditions, If any, which \ (h)	generalized	lears					
gave rise to Immediate							
takes (a), stating the							
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119.						
CATI		PERFORMED?					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY DCCU OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)						
Hour a.m. While - Not While - factor	CE OF INJURY (Home, farm, 70%) (County) (County) (County) (County)	(State)					
	957 19 pto 3-25-66 19 ti	had (I) SENO land					
	death occurred at 10M, from the causes and on the dat	hat (!) (WAG) last					
(saw the deceased alive on 3-23-00 19, and that	1 226 DATE PI						
farm Id. Teater . M. L. M.D. M.D.	ATTENDING MED. STAFF 3-25-6	6					
ZZc. PHYSICIAN'S	22d. ADDRESS						
NAME (Type James H. Feaster, Jr., M. D.	104 S. 2nd. St., Oakland, Maryl	and					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)					
23a. BURIAL (SPEMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify) 3/28/66 Mill Creek	Cemetery Mill Creek. W. V	0					
24. FUNERAL DIRECTOR ADDRESS	Cemetery Mill Creek, W. V						
Ablin () Weist	not I a fi	udal.					
Leighton-Durst Funeral Home, Oaklar	ad Md DAMAR 28 1966 fcliantes &	- Low					

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o. STATE

Md

IS RESIDENCE

ON A FARM?

YES NO T

Garrett

it.	(BA)
* P	(IAI)
file	
8	

12

certificate be executed

1. PLACE OF DEATH a. COUNTY

Garrett b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Mo. Oakland d. NAME OF HOSPITAL (If not in hospital, give street address)

Louise Kathryn Friend

C. LENGTH OF STAY IN 16

Middle

Home

MARYLAND

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Friendsville d. STREET ADDRESS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

last birthday)

OR INSTITUTION Oakrest Nursing Home NAME OF

4. DATE Month Day Yeor DEATH 1966 March IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years

Months

SEA		
	_	
	H,	

6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH WIDOWED | DIVORCED |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Garrett Co.

12. CITIZEN OF WHAT COUNTRY? USA

Dovs

Housewife 13. FATHER'S NAME

DECEASED

(Type or print)

Sarah Bowser

Address

William Brown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

INFORMANT

Friendsville. Friend

CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO

Cereberal vascular accident

3 days

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (o), stoting the under-

DUE TO

Arteriosclerotic cardio-vascular disease.

Years

lying couse lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? YES INO IX

CERTIFICATION

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY

o. m.

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County) (Stote)

DATE SIGNED

(Stote)

21. I certify that

at work of work April attended the deceased fram

1065 3 = 5 = 66and that death accurred at

19___.that I last saw the deceased

M, fram the causes and an the date stated above.

alive an ACTUAL

104 S. 2nd. St.

3-7-66

SIGNATURE PHYSICIAN'S

James H. Feaster, Jr., M. D. Oakland, Maryland

NAME (Type) 220. BURIAL, CREMATION. REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Blooming Rose Cem.

22d. LOCATION (City, fown, or county) Friendsville, Garrett, Md.

ADDRESS (Street, city or town, stote)

24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR

PUNERAL DIRECTOR'S SIGNATURE

ADDRESS Grantsville, Md.

puo = Filled campletely pup physician 500 Ě maye attending please px signed burial-transit h certificate detach FUNERAL DIRECTOR: agod e 10

O HOSPITAL VS A15 (4) 1SM 9/58

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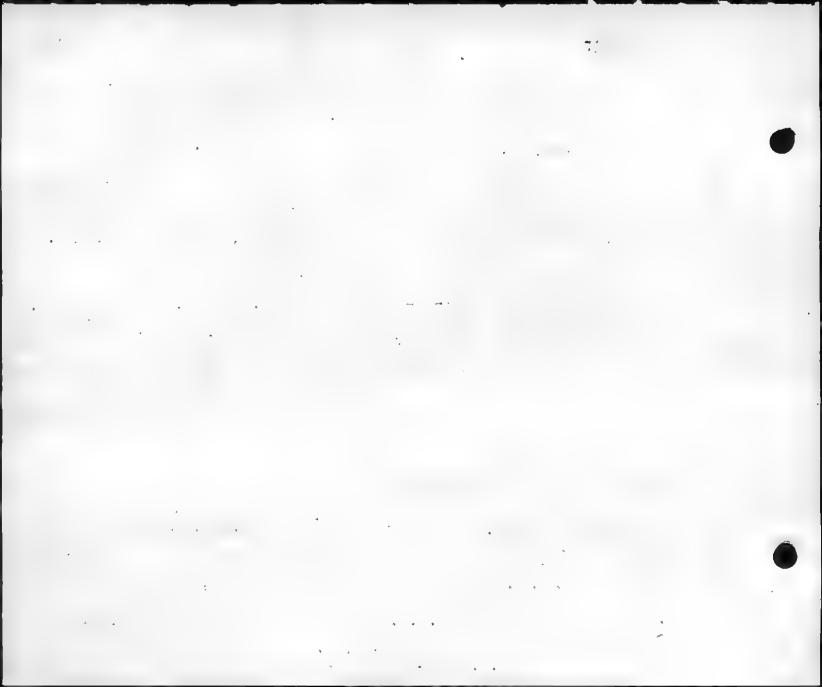
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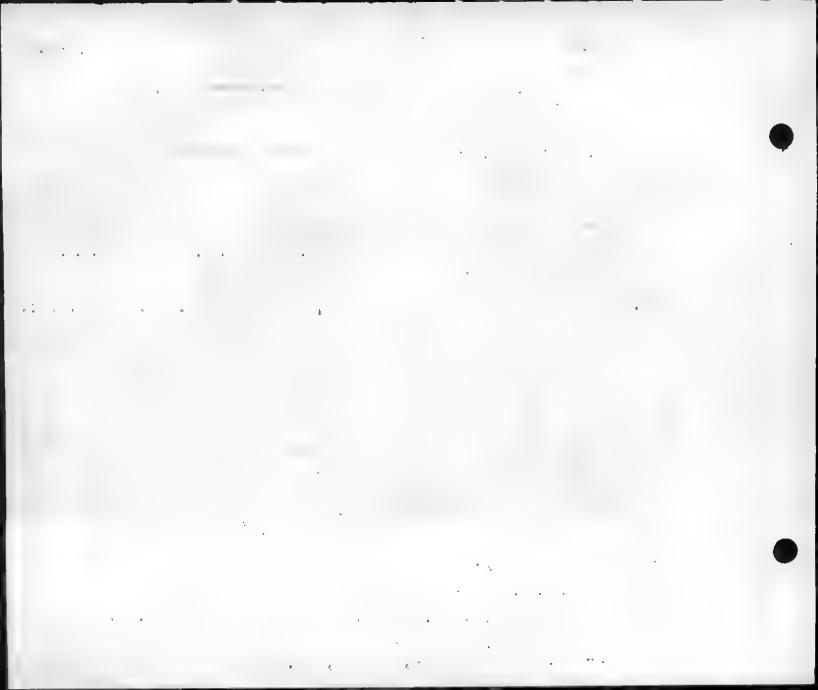
MARYLAND STATE DEPARTMENT OF HEALTH



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SPITAL 4 may HERAL tor, pa d be fi		1
Page Page 10 FUT direct shoul	23a	31
_	24	
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\	I	tems 18			MARY	LANDS	TATE	DEP	ARTM	ENT OF	HEA	LTH						
		0379	N OF STAT	ISTICAL	RESEA	RCH AND	D RECO	RDS,	301 W.	PRESTO DEATH	N STR	EET,	BALTI	MOR	E 1, N	/ARYI	AND	82
	1.	PLACE OF DEAT		CO			MARYLA!	ND	2. USU/ e. ST	ATE	E (Where	decease	v. Va.	If instit	tution: i	Residence	before	admission
		b. CITY DR TDW write RURAL	N (if outside co	et town)	8	c. LENGTH C B DAYS	DF STAY IN 5HRS	l 1b		OR TOWN (IF		corpora	ate ilmit:			~ ~	-	2
		d. NAME OF HO	SPITAL OR INST				street add	ress)		T ADDRESS	- 1445	YI.Al	10				DN A	FARM2
	3.	NAME DF DECEASED (Type or print)	W	First ARNLR		Mid			HAVL	st	4. DA	TE	N	Month MARC	CH	8 Day		ear 66
		SEX	6. COLDR DR	WI	DDWED 🔁		IVDRCED [_	DATE D	8)a	st birthd 77 yr	ay) M	ionths	Days	Hour	
	our	I. USUAL DCCUPAT	ing life, even if	retired)	10b. KIN	D DF BUSIN USTRY	IESS DR		MT.	HPLACE (CO STORM	1. W.	Va.	foreign co	untry)	C	DUNTRY	7	AT
	10.	JOSEPH HANLIN 14. MOTHER'S MAIDEN NAME COSNER, SARAH																
	15 (Ye	WAS DECEASED I	EYER IN U.S. ARM (If yes give war or	LED FDRCES! dates of service	? 16. SC e)	CIAL SECUR	RITYND.		NFORMAN	lice	Geo	rge		tdress	St	orm	.W.	Va.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure ### 2.2 DUE TO										DINS		ETWEEN DEATH R B						
		Cenditions, If gave rise to cause (a), si underlying caus	any, which immediate tating the		rter	ioscl	eroti	<u>c</u> C	-V d	iseas.						-		
	FICATION	PART II. DTHER S	SIGNIFICANT CO	VOITIONS CO	NTRIBUTI	NG TO DEAT	HBUTNDT	RELÂT	ED TO THE	TERMINĀL D	ISEASĒ C	DNDIT	IDN GIVE	N IN PA	RT 1(0)			NDy
-	CERT	20a. ACCIDENT DR CONTRIBUTI (IF EITHER, NOT								er nature of		Part I	or Part	II of i	ltem 18	.)		
	MEDICAL	20c. TIME DF I Hour a.n p.n	n.	Day, Year	While at work	Not While at work	е	. PLACI factory	of INJU	RY (Home, fa ffice bldg., et	rm, 20f	f. (City	y or tow	n)	(€01	inty)		(State)
		saw the dec	Saum		attended B				ATTEND PHYS.	ING P		1-1	3/8 the cau staff PHYS.	ses an	nd on t	he date	state	(we) las d above
		22c. PHYSICIA NAME (Ty	DR. S.		U. GAS					OA (La								
	E	BURIAL, CREM	ect(x) 3/1	II/66	DF .	VIT.		TERY C	eme t	_			5484					State)
	24. T		7-01m	0.0	Sur	ADDRE				DAMAR		egistri 196	_		ISTRAR		ATURE	٤
	_44	eightor	- Durst	_rune	ral	Home	USIC.		M M	DESCRIPTION OF THE PERSON OF T		100				-6-	_4 -	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY filled in by the fundaments. Pages 1 in 72 hours after o a. STATE b. COUNTY GARRETT W. VA. MARYLAND PRESTON b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b c. CITY DR TDWN (If outside corporate ilmits, write RURAL and give nearest town) OA KT.AND 2 DAYS

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) AURORA bon papers within 72 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? GARRETT COUNTY MEMORIAL HOSPITAL ND completely i 3. NAME OF First Middle Last DATE Month 4. DECEASED DF (Type or print) DEATH 6. COLOR OR RACE гешоче 7. MARRIED DATE OF BIRTH g. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | AUK Days Hours and WIDOWED DIVORCED = physician an please re 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRT MPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 300 W. VA. U.S.A. PRESTON 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending permit. Then JOHN WILT SARAH ISABELLE STEMPLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. I 17. INFORMANT Address (Yes, mo, or unknwn) | (If yes give war or dates of service) SLAWTER-AURORA, W. VA. the burial-transit por to burial, memait 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which gave rise to immediate cause (a), stating DUE TD as th underlying cause last O FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as abound ile file with the State Dept, in Health prior (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY CERTIFICAT PERFORMED? YES NO V 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (i) (this hospital) attended the deceased from 1961 to MARCH 10, 1966, that (I) (we) last _, and that death occurred at 8 . 5 9M. From the causes and on the date stated above. saw the deceased alive on MAR 19 66 22a. SIGNATURE. M.D. DIRECTOR PHYS. PHYS. PHYSICIAN 22d. ADDRESS MAME (Type) MARYLAND Ba OAKLAND 23a. BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) West Aurora Cemeter Burial Aurora. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25h. REGISTRAR'S SIGNATURE

VR A15 (4) 2DM 1/65

hours after death.

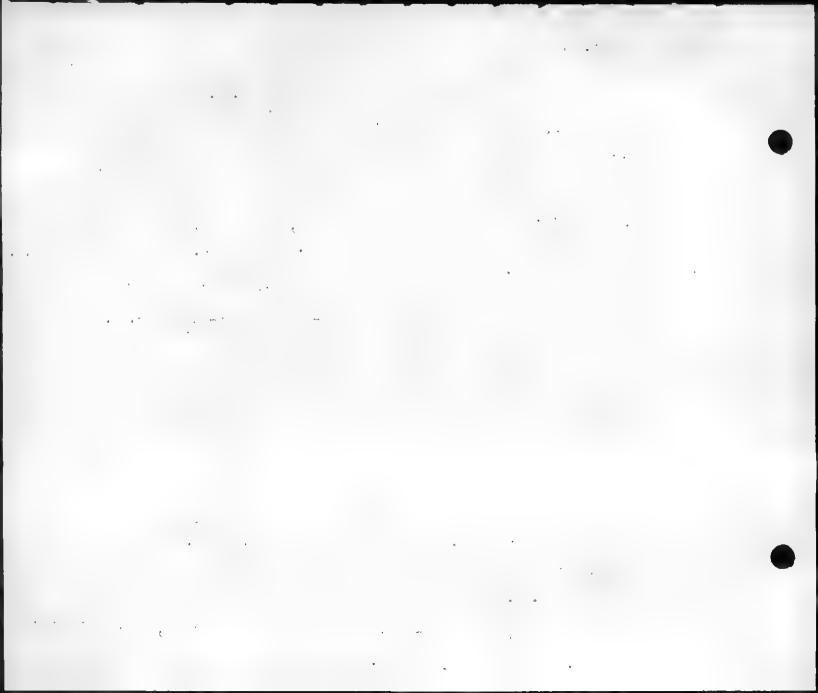
within

executed

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certificate

death

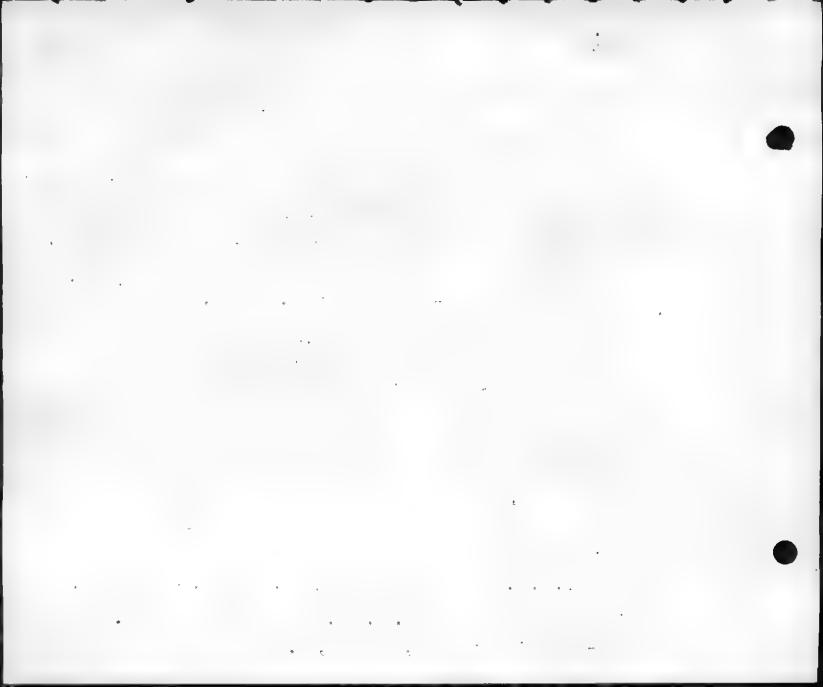


TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and he are event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

L SEVAGE CERTI	FIGALE OF BEATH						
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
a. CDUNTY Garrett MA	a. STATE Maryland b. COUNTY Garrett						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)							
Oakland W days	Oakland :/ · /						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	t address) d. Street address e. is residence on a farm?						
Garrett County Memorial Hospital							
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year						
(Type or print) Lowell Arnold	Loomis Death March 16, 1966						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARK	RIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.						
	CED [July 6, 1901 64 yrs.						
10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS during most of working life, eyen if retired) INDUSTRY	OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Real Estate Agent	New Philadelphia, Ohio U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Fordunce C Loomis							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unkown) (1f yes give war or dates of service) 218 - O1 - 15							
No (11 yes give war or dates of service) 218-01-15	681 Cecil E. Loomis, Harrison, New York						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), an	ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: URADIC SYNG	DROME-CENEBICAL EMBOLISM						
NIC TO A							
Conditions, If any, which) (b) (DINONA)24	OEDEMA AOUTE CARDAL COLLABSE						
gave rise to immediate cause (a), stating the DUE TO QT, FULMON	ALY IN PAPELS - INTERIOR						
underlying cause last. (c) NYO CAY.	UDIAL INTARCE 41141545						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
I I C	YES NO W						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BIT OF THE PART II. OTHER SIGNIFICANT CONTRIBUTION C	NURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED	2De. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State)						
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED Hour a.m. While Not While p.m. 19 at work at work	factory, street, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the decease	d from 1 14 44 19 to 3 17 1966, that (I) (we) last						
saw the deceased affive on 316 1966	, and that death occurred at 1:03M Archi the causes and on the date stated above.						
22a. SIGNATURE	A 22b. DATE SIGNED						
S. Gumberner	M.D. ATTENDING W MED. STAFF PHYS. 1166						
22c PHYSICIAN'S NAME (Type)	22d. ADDRESS						
Dr. E. I. Baumgartner	226 E. Alder St Oakland, Md.						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF REMOVAL (Specify)	CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)						
	Co. Mem/ Gardens Oakland Md.						
	1110 0 4 4000 6277 4 6						
Leighton-Durst Funeral Home,	Dakland, Md MAR 21 1966 Julye						

VR AI5 (4) 20M 1/65



executed within death certificate ATTENDING PHYSICIAN: The law requires that the

Jormania Va. INTERVAL BETWEEN ONSET AND DEATH WAS AUTDPSY PERFORMED? ND 🗔 YES T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (County) (State) 20f. (City or town) 22. 19 65. that (I) (we) last :10M. from the causes and on the date stated above. Maryland (State) 23d. LOCATION (City, town or county) Near Oakland. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Home. Oakland Md JAV

B. IS RESIDENCE

YES NO

Year

1966

U.S.A.

Day

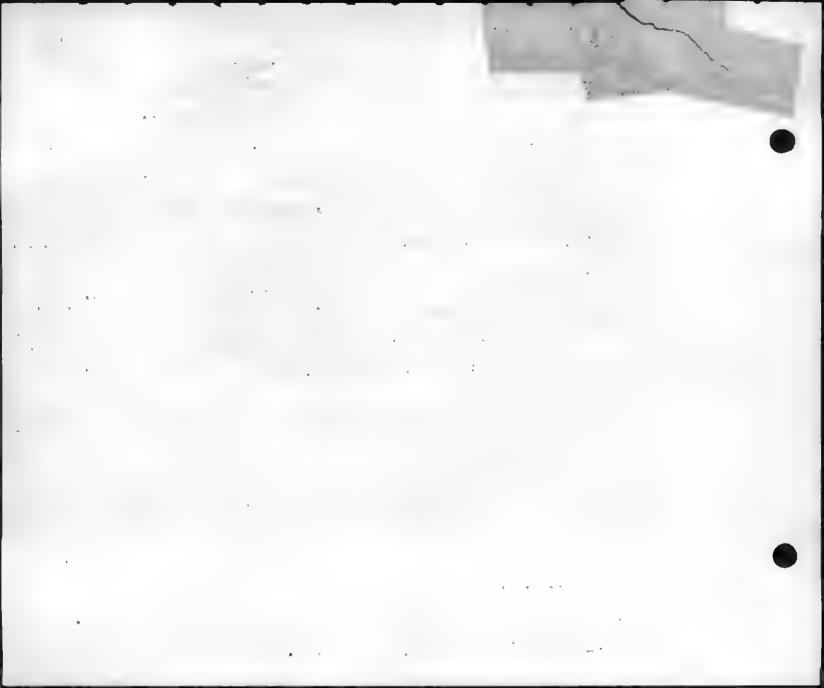
12. CITIZEN DE WHAT CDUNTRY?

22,

ON A FARM?

MARYLAND STATE DEPARTMENT OF HEALTH

VR AI5 (4) 2DM 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edm ssion) e. COUNTY 6 COUNTY the find 2 : Mineral MARYLAND Vo. b. CITY OR TOWN (if outside corporete limits. - LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrest town) write RURAL and give necrest fown) E- > Years Oakland Kevser d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 109 Mozell St. Cuppett-Weeks Nursing Home YES NO ST 3 NAME OF DATE paper n 72 l Middle. Month Yaar DECEASED OF 1966 24. (Type or print) Josephine Michael DEATH March Flinor ician and con not carbon i 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED | R DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Female WIDOWED CL 25 May. DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. physic Lexinaton. Lowa Homemaker Home ding ph please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jennie Belle Dayton George W. Ravenscroft 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give we for detes of service) Albuquerque, N.M. Douth. permit. 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN ģ ONSET AND DEATH ŏ PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) signed ! ial-transit ADVANCED ARTERIOSCLERASIS Conditions, if any, whech gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION 8 0 PERFORMED? NO U50 Prior YES 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, l'Enter nature of injury in Part II or Part III of item 18.) OR CONTRIBUTING CAUSE OF DEATH Health retained by the TOR: After this d be detached for WEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Steta) fectory, street, office bldg., etc.) Hour e.m. While Not While ፟ et work et work 21. I certify that (I) (this hospital) attended the deceased from .A. 46 19, that (I) (we) last plnods may be DIRECT M. from the causes and on the date stated above. saw the deceased alive on19....... and that death occurred at 22b. DATE ATTENDING SIGNED ۵.1 FUNERAL rector, page 3 PHYS. DIRECTOR M.D. 22c. PHYSICIAN' **ADDRESS** NAME director, pbe filed v 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) W. Va. Potomac Memorial Park Mar. 1966 Keyser. Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Keyser, W. Va. 20M 5-63

HOSPITAI

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before admission) a. COUNTY **b.** COUNTY Carrett MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cakland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Alder Aller C YES NO K 3. NAME OF Year DECEASED Janes Rernan? DEATH 1956 (Type or print) 6. COLOR OR RACE 7, MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER I YEAR | IF UNDER 24 HRS. last birthday) Months | Days WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY RIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Loch Lynn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cecila evnold Stavenson "ally 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give we condates of service) 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and (c),] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Save rise to immediate cause DUETO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [, OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office btdg., etc.) While Not While Hour a.m. al work at work DIRECTOR PHYS. death. Page ' director, page 3 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. | 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) carlind.

25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE

VR A15 (4)

24, FUNERAL DIRECTOR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and combletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earlien papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. Nours after death. executed within 9 deat mertificmte TO HOSPITAL OR ATTENDING PHYSICIAN: The law mayires that the Page 4 may be retained by the hospital or attending physician.

CERTIFICAT

MEDICAL

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
	33798	, DALIIMUKE I, I	13788									
1.	PLACE OF DEATH	1				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY						
_	h CITY On Tour	Garret	t	MARYI		Maryland Garrett c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	b. CITY OR TOW write RURAL			ts, c. LENGTH CF STAY		C. CITT OR TOWN (IT						
1_		Oaklar (5 days-20			Ocato	druck McHen				
1	d. NAME OF HOS	SPITAL OR INSTI	TUTION (If n	ot in hospital, give street a	idress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?			
_	Garrett	County	Lemori	ial Hospital					YES NO M			
3.	NAME OF DECEASED		First	Middle		Last	4. DATE	Month	Dey Year			
	(Type or print)		earle	Buttermore		^H hodes	DEATH	March	31. 19 66			
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IFUNDER) Months Dr.								R 1 YEAR IF UNDER 24 HRS.			
	Female White widowed December 3, 1894 71 yrs.											
1D du	a, USUAL OCCUPAT	ION (Give kind of	work done	1Db. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Housewif		,			Connellsville, Pa. U.S.A.						
13	. FATHER'S NAM	E				14. MOTHER'S MAIDEN NAME						
		lbert J.		Buttermore		Grace (None) Robinson						
13	5. WAS DECEASED I	EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY NO. 216-40-3069	17.	INFORMANT Husba	and	Addresstar	Route			
	No			216-40-3069	Jo	seph Wendel.	1 Rhode	s Oakla	and, rid.			
1				e per line for (a), (b), and (c					INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: ADVANCED PRETERING CLEROTIC								OHSEL WIND DENTH				
1	DUE TO CALDIOVASCULAR DISEASE											
	Conditions, If any, which											
	gave rise to immediate cause (a), stating the DUE TO											
	cause (a), si underlying caus		(c)									
NO.				NTRIBUTING TO DEATH BUT N	OTRELA	TED TO THE TERMINAL D	ISEASE CONDI	TION GIVEN IN PART 1(a	19. WAS AUTOPSY			
11-									PERFORMED?			

YES T 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 2Dd. INJURY OCCURRED (County) TIME OF INJURY Month, Day, Year | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) Not While Hour a.m.

While

p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from March 19 و 15 66 to that (I) (we) last and that death occurred at \$50 M from the causes and on the date stated above.

NO 3

(State)

(State)

the deceased dive by 1751 1355 and	that death occurred at 12 - imparoth the causes and bit the date stated to
224. SIGNATURE	22b. DATE SIGNED
L. Dum Saylin	M.D. PHYS. MED. STAFF DIRECTOR DIRECTOR PHYS. DIS 31 66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. F. J. Baumgartner	226 E. Alder St Oakland, I'd.

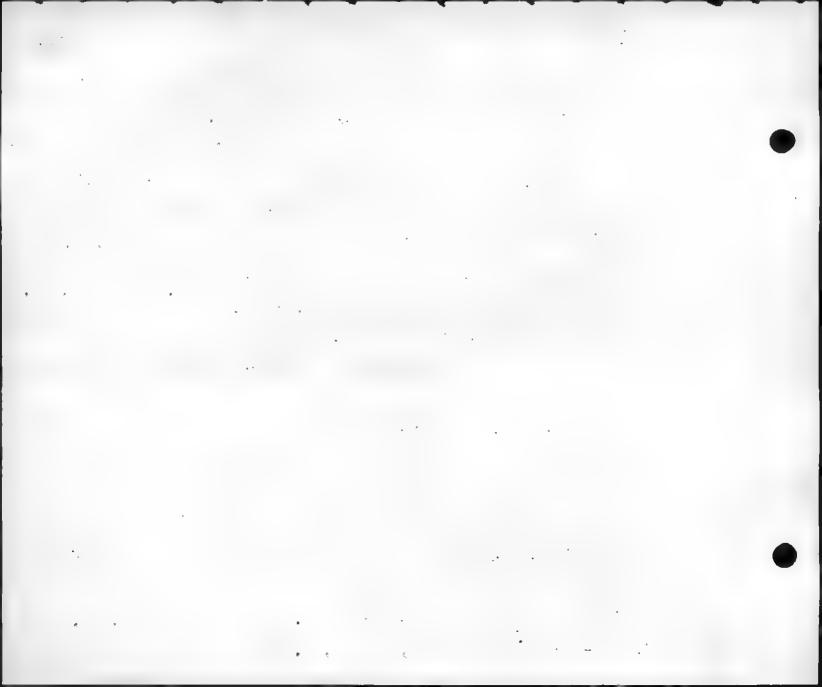
BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. 23b. DATE THEREOF donnellsville, Fayette Co., Pa. Buri

REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR 1966 Home, Oakland Leighton-Durs t



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH funeral and 2 death death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY GAR REPT GARRETT MARYLAND after by the f Pages 1 urs after MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours write RURAL and give nearest town) hours Oakland JAYS 9 HRS 5 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? Route YES NO A GARRESTT CO MEMORTAL HOSPTPAL within letely completely we carbon 3. NAME OF First 4. DATE Month Middle Last DECEASED (Type or print) R.H.Y DEATH 19 executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. and con 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Any WIDOWED X DIVORCED [77] "LIBALIE 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? þe 18 P during most of working life, even if retired) INDUSTRY Housewil'e Own home II.S.A death certificate phys. n pie val, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ог гетоуа Peterman BOOKSON. burial-transit permit.
burial, cremation, or re-15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. INFORMANT Address 17. Mt. Park. (Yes, no, or unknwn) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a). DUE TO Cenditions, if any, which peen gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last, has CERTIFICATION WAS AUTOPSY PART IS, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use for use Health PERFORMED? the hospital or YES THO 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PHYSICIAN: ot o OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. o MEOICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While After at work retained by p.m. 19 at work 1956_, that (I) (we) last О the 21. I certify that (I) (this hospital) attended the deceased from... DIRECTOR: age 3 should iled with the from the causes and on the date stated above. 19 and that death occurred at 4 saw the deceased alive on A 22b. DATE SIGNED 22a. SIGNATURE Page 4 may be r 2811 MED. STAFF M.D. PHYS. DIRECTOR PHYS. | 日本 TO FUNERAL PHYSICIAN'S ADDRESS 22c. director, p should be NAME (Type) B. PARYLAND BURIAL CREMATION, 23b. REMOVAL (Specify) Burial 23d. LOCATION (City, town or county) (State) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Thayer ville Cem. Near 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Home . Oakland ghton-D 20M

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in My the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removercation papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in apy event, within 72 hours after death. 24 h≡s after demth. TO HORPITAL DR NITEROFIC FRYERIAN: The law requires that the leath cartificate in elecutal mithin Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, 15 institution: Residence before a

١.,	0990	U		GERTIFICATI	E UF DEATH			00.730		
1.	PLACE OF DEATH 8. COUNTY			2. USUAL RESIDENC	E (Where deceased lived, If inst	itutlen: Res	idence before admission)			
	Garrett			MARYLAND	a. STATE B. COUNTY G			rratt		
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, wri				
				7 2000	- (17 77)					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp			l day	d. STREET ADDRESS e. IS RE						
١,					70 1 1 2			ON A FARM?		
3.	NAME OF	ounty Memori		Middle Middle	Route # 1	4. DATE Month		Oay Year		
	OECEASEO (Type or print)					OF.				
5.	SEX	Viol		Mae Never Marrieo	Schrock	13811 0		2 19 66 YEAR F UNOER 24 HRS.		
	Female	779 4 4				last birthday)	Months 0	Days Hours Min.		
10:		ION (Give kind of work don	MIOOMEO [OIVORCEO OIVORCEO		024 4] yrs. unty & State, or foreign country)	L 12 CIT	IZEN OF WHAT		
du	ring most of work	ing life, even If retired)	INC	DUSTRY	II, BINI III LACE (COI	filled or Sexue, or include comments	COU	INTRY?		
-12	Housewi FATHER'S NAM		CW	.lome	Kempton.	Maryland	U.	S.A.		
13	. CAIDEN S HAM	IE.			14. MUTHER'S MAIUI	EN NAME				
١.,	William	Sincs			Nina Mae					
(Y	es, no, or unkown)	EVER IN U.S. ARMED FORC (If yes give war or dates of ser	rvice)	OCIAL SECURITYNO. 17.	(Husband)	Address	Rou	to # 1		
_	no	<u> </u>		-30-3448 Ga	rald William	Schrock	Gor	mania W.Va		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
	PART I, O		Hours							
	104									
	Cenditions, If any, which gave rise to immediate (b) Pyelonephritis, acute							48 hrs.		
	cause (a), si									
_	underlying caus		12 years							
CERTIFICATION	PART II. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY									
ICA	"Cushing Syndrome" 20 to steroid therapy for 12 years for Phempigus YES NO FO									
E	20a, ACCIOENT	CCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INITIRY OCCUPRED (Fater nature of Initiry in Part I or Part II of Item 18.)								
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL		INJURY Month, Day, Yea	r 20d. INJ	URY OCCURRED 20e, PLA	CE OF INJURY (Home, far	m, 20f. (City or town)	(Count	ty) (State)		
AED.	Hour a.r		While at work	- Not while	y, street, omeo blug., et	c.,				
-	21. I certify that (I) (this hospital) attended the deceased from 1954 19 to 3-2-66 19 that (K (West last									
	saw the deceased alive on 3-1-66, and that death occurred at 7:134, from the causes and on the date stated above.									
	22a. SIGNATURE M.O. PHYS. MEO. OIRECTOR PHYS. 22b. OATE SIGNEO 3-2-66									
	1 4 00	3-2	!66							
	22c. PH/SICIAN'S									
NAME (Type) James H. Feaster, Jr., M. D., Oakland, Maryland										
23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) 75								ty) (State)		
	removal (specify) 3-4-66				airview Cemetery Garrett, Cold.					
24	FUNERAL DIRE	CTOR	ρ	AOORESS		O BY REGISTRAR 25b. RE		* *		
18	turned 1	11 Munn	ch.	Caltland. Ja-	ry landoMAR	1 0 1966 100	iarles	Judge		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, gremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

-00002				110471
1. PLACE OF DEATH a. COUNTY	1			tution: Rasidance before edmission)
Garrett	MARYLAND	. STATE Mary	land b. COUNTY	Garrett
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II or	utside corporate limits, write RU	RAL and give nearest lown)
Mt. Lake Park	8 yrs.	Mt. Lak	e Park	11-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, give street address)	d. STREET ADDRESS	-	. IS RESIDENCE
614 "I" Street		614 "I"	Street	YES NO 2
3. NAME OF DECEASED (Type or print) Gertrude	Glyndon W	aters	OF March 19) Yser 1966
S. SEX 6. COLOR OR RACE 7. MARRIES	NEVER MARRIED .	DATE OF BIRTH	9. AGE (In years IF C	
Female White widows	DIVORCED TO	ct. 16,1880	last birthday) Mc	onths Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY!
	binson Coal	Co. Morgant	own. W.Va.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		0.041
Weslet Clark Waters		Emma Bar	he	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		Sister)
(Yes, no, or unkown) (Ifyasgivewarordatesofservica)	None Mis	a Louise Me	ters, Mt. La	,
18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).	a noarae wa	COLD LICE DE	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Unise		2021
IMMEDIATE CAUSE (a)	1000			
DUE TO				
Conditions, if any, which (b)			30. ×	
(a), staling the underlying DUE TO				
cause last. (c)	TRIBLINIA TO BEATURE NO.	T OF 1 TO TO THE TOUR	oters or consistent outsit	AL DARK ALL DAVA CALL TOPICAL
PART II. OTHER SIGNIFICANT CONDITIONS CON 20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH UTF EITHER. NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	PERFORMED?
208. ACCIDENT WAS UNDERLYING [] 20b. DES OR CONTRIBUTING [] CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Entar nature of injury in Pa	or I or Part II of itam 18.)	
20c. TIME OF INJURY Month, Dey, Year 20d. I		CE OF INJURY (Home, farm,)	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Dey, Year 20d. I While I work all work		ory, streat, office bldg., atc.)		
	at work		A IGAM	a lila
21. I certify that (I) (this hospital stend			5.010	., 19 that (I) (we) last
	and that	death occurred a	M, from the causes and	on the date stated above.
228. SIGNATURE E ! Manue	P M.	ATTENDING MED	CTOR PHYS.	20 Martin
22c. PHYSICIAN'S NAME (Type) A TO NAME		22d. ADDRESS		
A. E. Mance	, M.D.	Oakland,	Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacity)	23c. NAME OF CEMETERY C	OR CREMATORY 2	23d. LOCATION (City, lown o	r county) (State)
Burial March 27. 6	6 Maple Grov	e Cemetery	Reimmont W	Va
24 FUNERAL DIRECTOR'S SIGNATURE Durat	ADDRESS	25e. REC'D	Fairmont W	
Leighton-Durst Funeral	Home - Oaklan	a Mar 2	3 1956 Mila	rely judge

VR AIS (4)

€ *3. 11751 . I the law as write do and a law a rediffe a strains THE BOTH OF THE PROPERTY OF TH and the second second total period and work after his contraction of the and the second second to the second s

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03802 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission p. COUNTY Garrett 2, and 3 to PM3. Page b. COUNTY Maryland Garrett deloy c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give negrest town) 12 days McHenry Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS hours with form Garrett Co. Memorial Hospital YES NO ate This certificate should be exacuted within 24 flours ofter death. 3. NAME OF Middle 4 DATE 42 St DECEASED Charles OF DEATH Issac Wright March 8th. 66 (Type or print) with the S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 82 birthday) Male White Months Jan. 25, 1884 WIDOWED Office CV to Jong 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Carpenter Building COUNTRY? Garrett Co., Md. USA 13. FATHER'S NAME William Wright Jane Harvey IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Widow) 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) removol, Mrs. C.I. Wright, McHenry. 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Cardiac decompensation, acute INTERVAL BETWEEN Hours 0 IMMEDIATE CAUSE (o) the word cremation, Arteriosclerotic cardio-vascular disease Years Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Frat. right hip 2-24-66 with open reduction 2-25-66 PERFORMED? NO Health or its designated agent, prior to 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) Page 4 should Fell out of bed at home 2-24-66 CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Home tactory, street, office bldg., etc.) Not While While of work FUNERAL DIRECTOR: Page p.m. 2-211-66 19 of work McHenry, Garr. Md. 21. I certify that I took charge of the remains described above held an Autopsy Inspection [Inquiry X ond in my opinion the funeral director. death resulted fram: Notural couses, Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 3-8-66 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER K EXAMINER'S James H. Feaster, Jr., M. D. Oakland, Md. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 400 66 Mar. George Cem. Near Swanton Md.

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A 15ME Milanley eighton-Durst Funeral Home, Oakland, Md

